



PROVIDER BULLETIN

PB 05-12

THIS ISSUE Physical / Occupational Therapy Progress Report Form

TO:

Chiropractic Physicians
Chiropractic Clinics
Clinics
Hospitals
Medical Physicians
Nurses
Occupational Therapists
Osteopathic Physicians
Physical Therapists
Physical Therapy Clinics
Physician Assistants
Self-insured Employers

CONTACT:

Provider Hotline

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From Olympia 902-6500

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Effective Immediately

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Purpose

The purpose of this bulletin is to clarify the information needed by claim managers to adequately manage physical and occupational therapy services. It introduces a specifically designed report form which **may** be used to document the needed information.

This report form was designed for use on state fund claims, but may also be used for self-insured claims.

Background

L&I claim managers are responsible for supporting and managing all aspects of an injured worker's claim. During the past year, internal reviews revealed that claim managers did not have sufficient information to support therapy decisions. This lack of information delayed resolution of the claim. Often, the documentation submitted in therapy progress reports did not provide sufficient objective, measurable and functional information to demonstrate that services were appropriate.

L&I requires clear objective information demonstrating that the treatment provided is curative or rehabilitative to allow claim managers to properly support the injured worker's return to work.

L&I collaborated with the Physical Therapy Association of Washington and the Washington Occupational Therapy Association to develop a progress report form that provides the information needed by claim managers to make an informed decision.

The form and its voluntary use are effective immediately.

How Often are Progress Reports Required?

Physical and occupational therapy providers are required to submit progress reports every 30 days or 12 visits, whichever comes first.

Is the Progress Report Form Mandatory?

No. Use of the form is NOT required. However, inclusion of all the elements in progress reports enables claim managers to more easily determine the appropriateness of physical and occupational therapy services. The progress report form (see Appendix) may be used by physical and occupational therapists to document the injured worker's progress toward clearly stated clinical goals and return to work objectives.

What Information Must be Included in Physical or Occupational Therapy Progress Reports?

The following information is necessary for claim managers to make informed decisions regarding the appropriateness of therapy services and must be included in physical and occupational therapy progress reports.

- Injured worker's name and claim number at the top right hand corner of each page.
- The diagnosis/condition that is being treated.
- The dates of service covered by the report.
- Total number of visits to date for this condition.
- Number of cancelled and no-show appointments.
- Name of referring physician and date of latest referral from the physician.
- Objective findings including baseline, last progress report (if applicable), current status and objective measurable goals.
- The therapist's estimate of the injured worker's potential to physically perform the job of injury.
- Identification of alternative job goals when the injured worker is not returning to the job of injury.
- The level of the injured worker's participation in the plan of care.
- Whether or not the injured worker is making meaningful, functional progress in treatment.
- A description of the treatment plan and goals for the next set of treatments, including frequency and duration.
- An estimate of when the injured worker will be discharged from therapy.
- Signature of the treating therapist and the date signed.
- Clinic name, city and phone number.

Where can the Progress Report Form be obtained?

The Progress Report Form can be downloaded from the L&I web site at <http://www.lni.wa.gov/forms/pdf/245059af.pdf>.

Hard copies may be available in the warehouse at a later date. Check the link above or contact the warehouse to obtain ordering information.

Labor and Industries Warehouse: 360-902-5753 or 360-902-5754.

How does L&I prefer to receive progress reports?

Progress reports and other claim correspondence may be:

- Faxed directly to any of the following numbers:

360-902-4566	360-902-4567
360-902-5230	360-902-6440
360-902-4292	360-902-4565
360-902-6252	360-902-6100

OR

- Mailed to:
Department of Labor and Industries
PO Box 44291
Olympia, WA, 98504-4291

Can progress reports be faxed to the Provider Hotline along with a request for treatment?

Physical Therapy Providers:

Yes. Physical therapy providers who request authorization through the provider hotline (F248-055-000 physical therapy treatment authorization fax request) may include the progress report form with the request. The fax request form is available on line at <http://www.lni.wa.gov/forms/pdf/248055af.pdf>.

Progress reports faxed to the Provider Hotline without a treatment request form will be forwarded to the claim file. No authorization action will be taken.

Occupational Therapy Providers:

No. Occupational therapists must contact the claim manager to obtain authorization for additional treatment. Faxing a progress report to one of the fax numbers listed above 3-4 days prior to contacting the claim manager is recommended.

REMINDER:

For all claim correspondence sent to L&I, the worker's name and claim number must be on the upper right hand corner of each page.

Can a provider be paid for completing the progress report form?

No. Physical and occupational therapy providers are required to submit progress reports every 30 days or 12 visits, whichever comes first. Providers may choose to use this new form to meet this requirement. Progress reports are considered part of the overall treatment procedures that are paid.

Where is more information available?

Provider Update 03-02: Physical, Occupational and Massage Therapy

WAC 296-20-015 Who may treat

WAC 296-20-01002 Definitions

WAC 296-20-06101 What reports are health care providers required to submit to the insurer

WAC 296-23-220 Physical therapy rules

WAC 296-23-230 Occupational therapy rules

Department of Labor and Industries Web References:

- Claims and Insurance Information: <http://www.LNI.wa.gov/ClaimsInsurance/>
- Home Page: <http://www.LNI.wa.gov>
- Fee Schedule: <http://www.LNI.wa.gov/ClaimsInsurance/ProviderPay/FeeSchedules/>
- Medical Aid Rules (WAC): <http://www.LNI.wa.gov/ClaimsInsurance/Rules/>
- Provider Bulletins (PB) and Updates (PU):
<http://www.LNI.wa.gov/ClaimsInsurance/Providers/ProviderBulletins/>
- Provider Information: <http://www.LNI.wa.gov/ClaimsInsurance/Providers/>



PHYSICAL THERAPY / OCCUPATIONAL THERAPY PROGRESS REPORT TO CLAIM MANAGERS

Worker's Name _____
Diagnosis _____

Claim # _____
Report for dates of service _____ to _____

Total number of visits (to date for this condition): _____
Referring Physician _____

Cancellations _____ No-Shows _____
Date of latest referral on file _____

1. List the objective findings based on standard tests and measurements as well as **functional deficits** identified during: 1) the initial evaluation, 2) the last progress report, 3) the current status evaluation. Measurable goals should include a timeframe. Examples of baseline data include ROM, strength, endurance, functional (work-related) tasks or activities, soft tissue status, etc.

Baseline Measures Most Critical to Recovery	Last Progress Report Date:	Current Status Date:	Measurable Goal (Objective, Measurable, Timeframe)
<i>(example)</i> Lifting: knee to chest level 10 lbs x 1 rep	20 lbs x 5 reps	30 lbs x 5 reps	30 lbs x 10 reps by February 1, 2006

2. Return to Work:

What is your current professional estimate of the worker's potential to physically perform the job of injury?
☐ Very Likely ☐ Somewhat Likely ☐ Not Likely

Describe any barriers to recovery that you have identified:

If the worker will not be returning to job of injury, has an alternative job goal been identified by the worker?
☐ YES ☐ NO ☐ Don't know If YES, what is the goal? _____
☐ N/A (worker planning to return to job of injury)

Do you have a copy of the physical demands of this worker's job (of injury or new goal) for reference? ☐ YES ☐ NO

3. Status of care

To date, is the worker actively engaged in the Plan of Care? ☐ YES ☐ NO (Please explain, e.g. understands home exercise program, consistent attendance, participation in clinical program)?

Is the worker continuing to make meaningful, functional progress according to your clinical plan of care? ☐ YES ☐ NO

Please describe your treatment plan and goals for the next set of treatments, including frequency and duration:

Estimated date that worker will be discharged from therapy: _____

4. Comments

5. Signature of Therapist: _____ Date: _____

Clinic: _____ City: _____ Phone: _____
F245-059-000 pt/ot progress report to claim managers 10-2005

PHYSICAL THERAPY / OCCUPATIONAL THERAPY PROGRESS REPORT TO CLAIM MANAGERS

Instructions for Completing this Form

Purpose: Labor and Industries (L&I) claim managers are responsible for supporting and managing all aspects of an injured worker's claim. The information in this report will clearly identify the clinical goals and return to work objectives. Use of the form is NOT required, but inclusion of all the elements in your progress reports will simplify review/authorization processes.

Please use black ink and type or print legibly. Do not disrupt your current plan of care unless you have specifically been advised that continued treatment is not authorized. The claim manager may contact you directly if there are additional questions about this injured worker's care.

Identifying Information:

- **Diagnosis:** Indicate the accepted condition(s) being treated within the therapy plan of care.
- **Report for dates of service:** Indicate the start and end date for services covered in this report. The start date would typically be the date of the last report.
- **Number of Visits:** Count visits from initial evaluation through the most recent visit including pre/post surgical care for this condition. Indicate the number of cancellations and/or no-shows.
- **Date of latest referral:** Date of your most current referral or consultation with the attending physician (AP). *Note: the AP may be deferring to a specialist for therapy instructions, but it is your responsibility to be sure the orders for therapy are from the AP.*

1. **Measures most critical to recovery:** List the physical limitations and the parameters you are using to measure progress, including functional limitations. Document baseline and interim measurements. Goals must include objective, measurable parameters and an estimated timeframe. When there are more measures than there is space available, please list the measures that are most relevant to the documentation of functional progress and/or job demands.
2. **Return to work:** It is important that both you and the worker are anticipating that the end result of therapy is a return to work. Providing concise information based on clinical observation and physical demands of the job goal will help the claim manager address this important issue. If needed, contact the claim manager to see if a job analysis is available.
3. **Status of Care:** Use this section to help the claim manager understand how involved the worker is in the recovery process and your professional opinion about the worker's progress. Include issues such as attendance, home exercise program, participation in clinical program, etc. Briefly describe your treatment plan (including frequency and duration) and any changes in goals for the next set of treatments. Clearly indicate when you estimate that therapy will be concluded.
4. **Comments:** Elaborate on any part of the care that needs explanation.
5. **Signature:** The legible signature of the therapist responsible for the plan of care, the name and phone number of the clinic in which services are provided (including the city if part of a larger group of clinics), and the date the report was completed.

This report may be faxed to the department at any of the following numbers:

360-902-4566	360-902-4567	360-902-5230	360-902-6440
360-902-4292	360-902-4565	360-902-6252	360-902-6100

It may also be mailed to the department at:

Department of Labor and Industries, PO Box 44291, Olympia, WA, 98504-4291

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